

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/202217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		2		1			61					
12		2		1			62					
13		2		1			63					
14		2		1			64					
15		2		1			65					
16		2		1			66					
17		2		1			67					
18		2		1			68					
19		2		1			69					
20		2		1			70					
21		2		1			71					
22		2		1			72					
23		2		1			73					
24		2		1			74					
25		2		1			75					
26		2		1			76					
27		2		1			77					
28		2		1			78					
29		2		1			79					
30		2		1			80					
31		2		1			81					
32		2		1			82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	35		31				TOTAL DEP.					
TOTAL CLAIMS	36		32				TOTAL CLAIMS					

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